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FEC FORM 1

STATEMENT OF ORGANIZATION

ILJUL 15 AMIL: 30

(Revised 02/2009)

(See instructions) Office use only NAME OF (Check if name Example: If typying, type 12FE4M5 over the lines COMMITTEE (in full) is changed) Ben Cardin for Senate, Inc. ADDRESS (number and street) (Check if address is changed) **STATE** ZIP CODE A **CITY** COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) odi@bencardin.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.bencardin.com (Check if address is changed) DATE **FEC IDENTIFICATION NUMBER** C C00411587 X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete Edwin Hale Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS Office For further Information contact: **FEC FORM 1** Use Federal Election Commission

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